RECEIPT FORM INSTRUCTIONS

1. EVERY EMPLOYEE MUST COMPLETE A RECEIPT FOR THE EMPLOYEE PROCEDURE FOR ACCIDENT/PERSONAL INJURY.

2. Complete the Receipt Form (below), cut the form at the dotted line, and provide the completed form to your supervisor.

3. **Supervisor's** shall ensure that every employee provides a completed form, collect all forms for their area, and submit original forms to their Branch Manager/Division Manager as appropriate.

4. **Branch Manager's/Division Manager's** shall verify that all employee receipts have been collected, and shall submit entire Branch Office/Division receipts to Risk Management in Room 7 at the MVA Headquarters.

RECEIPT FORM

Employee Procedure for Accident/Personal Injury

TO: **The Office of Risk Management**

I have received my copy of the Employee Procedure for Accident/Personal Injury and I realize that I will be required to follow this procedure if I have an accident at work.

_____ (Employee's Signature)

_____ (Date)

_____ (Print Employee Name)

_____ (Office Name)